

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445295

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

10/25/2010

NAME OF PROVIDER OR SUPPLIER

HOLSTON MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

3641 MEMORIAL BLVD
KINGSPORT, TN 37664

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 045
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD

K 045

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure outside exits were lighted with multiple bulbs or fixtures.
The findings include:
Observation and interview with the Maintenance Director, on on October 25, 2010 at 9:00 p.m confirmed the outside lights at six (6) of nine (9) exits were not provided with multiple bulbs or fixtures.

K-045

1. The outside light fixtures will be replaced with multiple bulb fixtures by 11/12/10.
2. Nine exits could have the potential to be affected by the same deficient practice.
3. All 9 exits were checked on 10/25/10. Only 6 of nine exits were not provided with multiple bulb fixtures.
4. Exits will be checked to ensure compliance with lighting on routine monthly maintenance rounds. Any negative findings will be reviewed in our Quality Assurance Meeting.

11/12/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mark de Plante

TITLE

Administrator

(X6) DATE

11/11/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.